

CAMELFORD RURAL DISTRICT COUNCIL

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A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the year

1964

Health Area Office,
Launceston,
Cornwall

WILLIAM PATERSON, M.B., Ch.B., D.P.H.
Medical Officer of Health



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CAMELFORD RURAL DISTRICT COUNCIL

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Public Health Officers of the Local Authority :

Medical Officer of Health W.Paterson, M.B.,Ch.B.,D.P.H.

also holds appointments of :

Medical Officer of Health - Launceston Rural District Council
Launceston Borough Council
Bude/Stratton Urban District Council
Stratton Rural District Council

Assistant County Medical Officer : Area 6 Cornwall County Council

School Medical Officer : Cornwall County Council

Public Health Inspector :

R.R.Haylett, F.R.S.H., M.A.P.H.I.

SUMMARY OF VITAL STATISTICS

Area (in acres)	52,544
Population	6,960
No. of separate dwellings occupied	2,487
Rateable Value 1964	£162,006
Product of ld. rate	£669. 14. 4

<u>Live Births</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Rate per 1,000 estimated population</u>
Legitimate	92	45	47	13.505
Illegitimate	1	1	-	
<u>Stillbirths</u>	1	1	-	10.526 per 1,000 total births
<u>Deaths (all causes)</u>	89	47	42	12.787
Deaths from Puerperal Causes -			NIL	
Puerperal and post-abortive sepsis -			NIL	
Other Puerperal Causes -			NIL	

Infant Mortality (Deaths under 1 year per 1,000 live births)

NIL

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths from Cancer (all ages)	7	9	16
Measles (all ages)			NIL
Whooping Cough (all ages)			NIL
Diarrhoea (under 2 years)			NIL

To the Chairman and Councillors of the Rural
District of Camelford.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the
Medical Officer of Health for the year 1964.

The vital statistics show a fall of fifteen in the number of live births compared with the previous year, and a fall of eleven in the number of deaths. The favourable balance of births over deaths continued, while the estimated mid-year population figure rose from 6880 in 1963 to 6960. Heart disease, cancer and vascular lesions of the nervous system were the commonest causes of death. There were no infant deaths, but one stillbirth was recorded.

There was a small outbreak of measles, involving mainly the Boscastle-Tintagel area, with the peak of cases occurring in November. The infection does not appear to have been severe. There were no cases of diphtheria and none of poliomyelitis.

In the environmental field, progress continued in the provision of Council housing, the record otherwise being largely of attention to day-to-day routine.

I should like to express my thanks to Mr. Haylett, the Council's Surveyor and Public Health Inspector, for his valuable assistance in the preparation of this report and in all aspects of our work together. To Mr. Hawkey, the Clerk of the Council, and his staff, I am indebted for much help and I am glad to continue the record of my appreciation of the co-operation of the General Medical Practitioners of the district.

It is a pleasure, once again, to acknowledge the Council's constant encouragement and support.

I have the honour to be,

Your obedient Servant,

WILLIAM PATERSON

Medical Officer of Health

NATURAL AND SOCIAL CONDITIONS

Area (in acres) 52,544. Camelford Rural District extends from Delabole Point in Port Isaac Bay to Strangles Beach, north of Boscastle, inland to St. Clether and south to St. Breward, and consists for the most part of three plateaux 400 ft. 700 ft. and 1,100 ft. above sea level.

The geology of the District is very complex, due to much faulting and over-thrusting. The rocks in the area west of the River Camel are Upper Devonian, and it is in these beds that the famous Delabole Slate has been quarried for several centuries. Along the northern boundary running east to west is the Davidstow anti-cline, the northern flank of which disappears under the culm measures near Boscastle.

The beds in the anti-cline can be seen in the Tintagel Cliff Sections. Black shales, slates and volcanics are well exposed. East of the River Camel is the granite mass of Bodmin Moor and at St. Breward a fine silver-grey granite of the highest quality is quarried.

Population - The Registrar General has estimated the population for the mid-year 1964 to be 6,960 compared with 6,880 in the previous year.

Deaths. The total number of deaths assigned to the District for the year was 89 compared with 100 for 1963. The crude death rate based on the mid-year population was 12.787 compared with 14.53 in the previous year.

The following table has been compiled for comparison with previous years :

<u>Year</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded Rate</u>
1960	96	51	45	13.37
1961	106	53	53	15.79
1962	112	50	62	16.30
1963	100	51	49	14.53
1964	89	47	42	12.787

In order to compare the mortality in the District with the mortality for England and Wales, it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District, an "Area Comparability Factor" which has been estimated by the Registrar General as 0.78 for the District.

The Standardised Death Rate, therefore, is 9.973 which may be compared with that of 11.3 (provisional) for England and Wales.

Births. The number of live births assigned to this District was 94 compared with 109 in 1963. The rate per thousand of the population was 13.505. When the Registrar General's Area Comparability Factor for births (1.24) is applied to this figure, the Standardised Birth Rate of 16.746 for this District compares with 18.4 (provisional) for England and Wales.

Stillbirths. There was one stillbirth during 1964.

Illegitimate Births. There were two illegitimate births assigned to this District during the year, one male and one female, compared with 2 in 1963. Shown as a proportion of the total number of live births, this represents 2.105 per cent.

Maternal Mortality. No case of death during pregnancy was recorded.

Infant Mortality. There was no infant death in 1964.

NOTE: Vital Statistics. It is important that too much weight should not be attached to small variations in these rates from one year to the other, particularly where relatively small populations are involved - attention should rather be paid to the trend of these rates over a period of years.

MORTALITY TABLE

<u>Causes of Death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis, respiratory	-	-	-
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infection	-	-	-
7. Acute poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	-	2	2
11. Malignant neoplasm, lungs, bronchus	3	2	5
12. Malignant neoplasm, breast	-	1	1
13. Malignant neoplasm, uterus	-	1	1
14. Other malignant and lymphatic neoplasms	4	3	7
15. Leukaemia, aleukaemia	-	-	-
16. Diabetes	-	-	-
17. Vascular lesions of the nervous system	6	8	14
18. Coronary disease, angina	5	5	10
19. Hypertension with heart disease	-	1	1
20. Other heart disease	20	5	25
21. Other circulatory disease	-	4	4
22. Influenza	-	-	-
23. Pneumonia	1	3	4
24. Bronchitis	2	-	2
25. Other diseases of respiratory system	1	2	3
26. Ulcer of stomach and duodenum	1	2	3
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis and nephrosis	-	-	-
29. Hyperplasia of prostate	-	-	-
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	-	-
32. Other defined and ill-defined causes	3	2	5
33. Motor vehicle accidents	-	-	-
34. All other accidents	-	-	-
35. Suicide	1	1	2
36. Homicide and operations of war	-	-	-
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	47	42	89
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GENERAL PROVISION OF HEALTH SERVICES

General Medical Services

General medical services under Part IV of the National Health Service Act, 1946, are provided by medical practitioners resident in the district and in adjoining districts, all of whom undertake maternity medical services.

County Council Services.

- I Health Department. The County Council is the local health authority for the purposes of Part III of the National Health Service Act, 1946, and provides the following services in the district :-
 - (a) Midwifery and Home Nursing : Nurse-midwives are provided to attend general nursing and midwifery cases in the home.
 - (b) Health Visiting. Health Visitors are available to give advice on health matters in the home or at the clinic. Originally concerned with the care of mothers and young children, which is still their basic function, they are increasingly concerned with other age groups, particularly the aged. Some health visitors combine this work with general nursing and midwifery. All act also as school nurses.
 - (c) Infant Welfare Centre : Monthly Infant Welfare Clinics are held at Camelford and Delabole.
 - (d) Dental Clinic : Priority dental treatment for expectant and nursing mothers and pre-school children is available at the Dental Clinic at the Health Clinic, Launceston, and at Wadebridge.
 - (e) Vaccination and Immunisation. Facilities for vaccination against smallpox and immunisation against diphtheria, whooping cough and tetanus, and for poliomyelitis vaccination, are provided at the Child Welfare Clinic or by the supply of materials to the family doctor.
 - (f) Home Help Service : Home helps are employed to provide domestic help for households in certain circumstances, a charge being made for this service according to the means of the person concerned.
 - (g) Ambulance Service : A service of ambulances for the conveyance of sick, accident and emergency cases is provided. For sitting cases, utilecon sitting case vehicles are used. When appropriate, some such cases are carried by the Hospital Car Service, a voluntary organisation. Day-to-day administration of the service is carried out from Ambulance Control, Bodmin.

- (h) Prevention of Illness, Care and After-care: A full-time tuberculosis health visitor is provided for the care and after-care of tuberculous persons. District nurses are available to assist in the home treatment of such persons when required by the Chest Physician or family doctor. Routine tuberculin testing and, if necessary, B.C.G. vaccination (i.e. vaccination against tuberculosis) is provided for senior school children.

Certain special investigations are carried out in other types of illness by district health visitors, while health education is carried out by the County's medical and nursing staff.

- (i) Mental health : The County Council has certain responsibilities in connection with the ascertainment of mental ill-health and mental deficiency, with the provision of statutory supervision, etc. for mental defectives living in the community, and with the provision of after-care following treatment for mental illness. The Mental Welfare Officer for the District works from the Health Area Office, Launceston.

- II Education Department : As local education authority, the County Council is responsible for the School Health Service, which provides the following :-

Periodic Medical Inspection of pupils
Cleanliness Surveys of pupils
Dental Inspection and Treatment of pupils
Ascertainment of handicapped pupils in need of special education
Treatment Clinics as follows :-

Dental Clinic - at Health Clinic, Launceston and Wadebridge
Child Guidance - by arrangement at Launceston Child Guidance Clinic
Speech Therapy - by appointment at Launceston and Wadebridge.

- III Welfare Department : This service is concerned with the welfare of the aged, and with that of various categories of handicapped persons. It is concerned also with the provision of temporary accommodation in certain circumstances for persons in urgent need thereof. The Welfare Officer for the district works from the Health Area Office, Launceston.

Hospital Services

The South Western Regional Hospital Board is the hospital authority for the area.

In-patient and out-patient facilities are provided by the Royal Cornwall Infirmary, Truro, the East Cornwall Hospital, Bodmin, Launceston Hospital and hospitals in Plymouth and elsewhere. Cases of infectious disease are admitted to the Scott Isolation Hospital, Plymouth, and the Isolation Hospital, Truro, and tuberculosis patients to Tehidy or Didworthy Sanatoria. Mental hospital accommodation is provided by St. Lawrence's Hospital and Laninval House, Bodmin, and by Moorfields Hospital, Ivybridge, Devon.

An Orthopaedic Clinic is held weekly in Camelford, and physiotherapy clinics are held at Tavistock Hospital, Dawfield Hospital, Holsworthy and at Bodmin. Chest clinic sessions are held at Launceston Hospital and at the East Cornwall Hospital, Bodmin. An ophthalmic clinic for school and pre-school children is held periodically at the Health Clinic, Launceston and at Camelford. A specialist ante-natal clinic is held in Launceston weekly.

Laboratory Facilities

These are provided by the Public Health Laboratories, Exeter, and Plymouth, to which specimens for bacteriological examination are submitted.

SANITARY CIRCUMSTANCES OF THE DISTRICT

WATER SUPPLY

The North Cornwall Water Board is the authority responsible for water supplies throughout the whole of the Council's area.

WATER SAMPLES 1964

Bacteriological

(i) Public Piped Supplies

Ministry of Health Classification

<u>District</u>	<u>Excellent Class 1</u>	<u>Satisfactory Class 2</u>	<u>Suspicious Class 3</u>	<u>Unsatisfactory Class 4</u>
St. Breward		21		
Delabole		2		
St. Teath		1		
Tintagel		2		
<hr/>				
		26		
<hr/>				

(ii) Private Supplies

	<u>Excellent Class 1</u>	<u>Satisfactory Class 2</u>	<u>Suspicious Class 3</u>	<u>Unsatisfactory Class 4</u>
St. Juliot	1			
Advent	1			
Boscastle	2			
Davidstow	1	1		
St. Teath	2	1		1
Otterham	1			
Camelford	2			1
<hr/>				
	10	2		2
<hr/>				

SEWERAGE AND SEWAGE DISPOSAL

Since 1950, the Council has provided modern sewage systems in the parishes and hamlets of Tintagel and Boscastle, having 3 sea outfalls which discharge directly into the Atlantic Ocean, but are all a considerable distance away from bathing beaches. The tidal currents do not cause any discharge of sewage on to the beaches. St. Breward, St. Teath, Delabole, Treknow and Camelford, including the hamlets of Trevia and Tregoodwell, all have modern sewage schemes and disposal works.

Public Cleansing

A comprehensive scheme covering 95% of the properties in the district is in operation for the collection and disposal of all house and trade refuse.

Prevention of Damage by Pests Act, 1949.

During the year under review, some 834 properties were treated for rat and mice infestations and in addition the Council operated a scheme for the treatment of mole infestations. Contracts were made with local farmers for this service and a total of 57 farmers availed themselves of this service.

HOUSING

During the year some 493 inspections were made under the Public Health Act, and some 17 houses were found to be in such a state as to be injurious to health and unfit for human habitation. Action was taken under Section 16 of the Housing Act, 1957 in respect of two houses.

Under the Housing Act 1949/59, three applications were received for Discretionary Grants involving an approved expenditure of £1050, towards which grants totalling £650 were paid. During the year, there were twenty-five applications for standard grants under the House Purchase and Housing Act, 1959, with a total approved expenditure of £4128 and grants made totalling £2133. During 1964, twenty-one new Council Houses were completed or in the course of completion. At the end of the year, the Council's housing list contained the names of sixty applicants, showing a slight decrease on the previous year, but several of these are from persons not resident in the district who wish to retire to the area.

NATIONAL ASSISTANCE ACTS, 1948 and 1951

Section 47 of the National Assistance Act, 1948 deals with the removal to suitable premises of persons in need of care and attention. It places on the Council the duty of securing the necessary care and attention for persons who :

- (a) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

The action is taken on the certificate of the medical officer of health, and involves the making of an order, by a court of summary jurisdiction, for the removal of the person concerned to a suitable hospital or other place. The order is effective for up to three months and is renewable by the court for similar periods. It applies mainly to aged persons living in insanitary surroundings to whom the other conditions of the section apply, and is taken, as a rule, only after the failure of all efforts to persuade the individual to enter voluntarily some institution where the necessary care and attention are available.

The National Assistance (Amendment) Act, 1951, modified the procedure to allow of the removal of such persons in conditions of urgency on the order of a single magistrate after the submission of certificates by the Medical Officer of Health and one other medical practitioner, for a maximum period of three weeks. This period may be extended, if necessary, by the action laid down by Section 47 of the main Act.

It was unnecessary to take any action under these Acts during the year.

INSPECTION AND SUPERVISION OF FOOD

1. Milk

The Milk (Special Designation) Regulations, 1960.

Under these Regulations, the County Council, as food and drugs authority, took over responsibility for the registration of distributors of milk throughout the County from 1st January, 1961.

The Milk (Special Designation) Regulations, 1963.

Under these regulations, the designation "Tuberculin Tested Milk" was discontinued from October, 1963, a period of three months being given in which to effect alterations in the labelling of bottles, etc. Tuberculin Tested milk is now designated as "Untreated", the designations pasteurised or sterilised milk remaining as before.

2. Ice-cream.

There are 34 premises registered for the sale and storage of ice-cream and of these only one manufactures the product. It is now possible for Local Authorities to exercise more stringent control over ice-cream manufacturers and, mainly due to the co-operation of the trade, the day of individual manufacture of ice-cream has disappeared in favour of the large manufacturers, who make the product on a national scale.

3. Condemnation of Unsound Food.

During 1964 the quantity of food condemned was as follows :-

	<u>Qtrs.</u>	<u>Lbs.</u>
Frozen foods	12	14
Tinned fruit salad		4 $\frac{1}{2}$
Tinned Apricots		14 $\frac{3}{4}$
Tinned grapefruit		8 $\frac{1}{2}$
Tinned Plums		12
Cooked pork	5	12
Tinned Corned Beef		6
Tinned cooked ham	1	1 $\frac{1}{4}$
Pork luncheon meat		4
	<hr/>	
	20	21
	<hr/>	

4. Meat Inspection

There are no licensed slaughterhouses in the district. The majority of home killed meat is supplied by the Launceston or Wadebridge Abattoirs where meat inspection is virtually one hundred per cent.

FACTORIES ACT, 1961

Classified List of Registered Factories as at 31st
December, 1964.

<u>Nature of Employment</u>	<u>Power</u>	<u>Non-power</u>
1. Blacksmiths	-	1
2. Motor Repairs, Garages	6	2
3. Carpentry, Joinery and Sawmills	3	3
4. Monumental Masons	1	-
5. Plumbers	-	-
6. Bakeries	3	-
7. Coach Painters	-	-
8. Granite Works	1	-
9. Knitwear	-	3
10. Bootmaker, Harness and Boot Repairs	-	-
11. Pottery Manufacturing	2	-
12. Cheese	1	-
13. Processing Slate Granules	1	-
14. Engineering	1	-
15. Concrete Products	2	-
16. Egg Packing and Grading	2	-
17. Cabinet Maker	-	1
18. Animal Foodstuffs	1	-
19. Domestic Electrical Repairs	1	-
20. Building Works	1	-

Prescribed Particulars on the Administration of the Factories Act, 1961 are attached as an appendix to this report in accordance with circular 1/60 of the Ministry of Health

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND
OTHER DISEASES.

The infectious diseases which are statutorily notifiable to the Medical Officer of Health are the following :- Smallpox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever, typhus fever, typhoid fever, paratyphoid fever, relapsing fever, plague, poliomyelitis, tuberculosis, malaria, dysentery, puerperal pyrexia, ophthalmia neonatorum, acute primary pneumonia, acute influenzal pneumonia, whooping cough, measles, acute encephalitis, meningococcal infection, anthrax and food poisoning.

The monthly incidence of infectious disease is shown in Table III.

Smallpox. No case was reported during the year, in the course of which 29 primary vaccinations and 1 re-vaccination were carried out.

Diphtheria. No cases were notified during the year. 70 children received a complete course of primary immunisation, the triple antigen against diphtheria, whooping cough and tetanus being used in almost all cases. 70 children received booster injections.

Whooping Cough. Two cases of this infection were notified during the year.

Measles. A small outbreak of this disease occurred during the year, a total of 86 cases being notified. 27 of the cases occurred in the period May - August, and the remainder in November - December, the majority occurring in November. The Boscastle-Tintagel areas were mainly affected. As the last epidemic which involved these areas to any extent took place in 1956, the number of susceptibles should have been high. The break in notifications between August and the real outbreak in November was probably due to occasional mild cases which did not come to the attention of a doctor.

Poliomyelitis. No case of this disease was notified during the year, in the course of which 94 persons received a complete course of oral vaccination.

Food Poisoning. No cases of food poisoning were notified during the year.

Typhoid fever. The Aberdeen typhoid epidemic had its repercussion in the Rural District in that notification was received from a neighbouring authority that a coach party from Cornwall had spent a night in Aberdeen during the time of the epidemic. Some members of this party were residents of this district, but bacteriological tests were negative for the germs of this infectious disease.

This outbreak, thought to be due to infected canned corned beef, had its further effect in the district, as elsewhere, in the work required to notify the proprietors of food shops, hotels and catering establishments of the batch numbers of the suspect tins as these were notified from time to time by the Ministry of Health, with a view to their withdrawal from use. Fortunately, none of these batches were identified in this district.

Tuberculosis

	<u>Males</u>		<u>Females</u>	
	<u>Pul.</u>	<u>Non-Pul.</u>	<u>Pul.</u>	<u>Non-Pul</u>
Cases on Register 31.12.63	24	6	7	4
No. of cases notified during the year	-	-	1	-
Cases Restored	-	-	-	-
Inward Transfers	1	-	1	-
Cases Removed	3	-	2	1
	<hr/>		<hr/>	
Total on Register 31.12.64	22	6	7	3
	<hr/>		<hr/>	

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary Tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act, 1936, which deals with the compulsory removal to hospital of persons suffering from tuberculosis.

The Regional Hospital Board is responsible for treatment of tuberculosis patients and the County Council for the prevention of spread of the disease and after-care of the patients.

Out-patients and contacts are seen by the Chest Physicians at the Chest Clinics at Launceston Hospital, and East Cornwall Hospital, Bodmin. The County Council Tuberculosis Health Visitors attend the Clinics, follow up the patients in their homes, trace contacts and sources of infection and thus acting as most valuable and essential "liaison officers" between the curative and preventive services, bridge a most alarming gap.

All susceptible contacts in the District are offered B.C.G. Vaccination, and most avail themselves of this method of protection.

The scheme for B.C.G. Vaccination of susceptible school children continued during the year, again with an excellent response.

OTHER DISEASES

Cancer of the Lung. The deaths of three males and two females from this cause were recorded during the year. The total of deaths from this cause since 1949 is now 28, 21 male and 7 female. During the same period, there have been 99 male and 126 female deaths from all forms of cancer.

To reinforce previous publicity on the subject of smoking and cancer of the lung, and to bring home that this may have a local application, the following note on the subject was included in the rate demand note for the year 1964-65 :-

SMOKING AND HEALTH

The connection between smoking and cancer of the lung has been conclusively proved. This is most marked in the case of cigarette smoking and heavy cigarette smokers may have thirty times the death rate of non-smokers from this cause.

This fact has been known, and has been given varying publicity, for a number of years. In 1962, there was published the report of the Royal College of Physicians on smoking and health, and this summarised and reinforced all the information previously available. It was received with the greatest possible blare of publicity in the newspapers and on radio and television at the time, and no one could fail to be aware of the position. In America, towards the end of 1963, the U.S. Public Health Service published a similar report, with similar conclusions, and this was given similar publicity on this side of the Atlantic, reviving the impact of the former report.

The reports showed that other diseases are associated with smoking. Chronic bronchitis, particularly common in Great Britain, is one of these. Others are coronary heart disease, a common cause of sudden death, and cancer of the mouth, throat and gullet.

There is no doubt that all the publicity has caused some people to give up smoking, especially of cigarettes, but not enough have done so. This may be due to a mental conviction that "It can't happen to me" or "It can't happen here". To take cancer of the lung alone, the following is the position in this Rural District :-

Since 1949, in the Camelford Rural District, there have been 16 deaths of males and 5 of females which have been due to cancer of the lung. These are out of 82 male and 110 female deaths from all forms of cancer. In other words, one fifth of the men who died of cancer died of cancer of the lung, and almost one twentieth of the women. These are not negligible figures and they refer to deaths only. No one person knows how many people in this district may at the present time be suffering from cancer of the lung, either under treatment or under observation following treatment, or, of course, not yet diagnosed. It CAN happen here, and it DOES !

(The figures given in this note are for deaths up to the end of 1962, as the vital statistics for 1963 had not become available at the time of preparation of the note).

It is difficult, if not impossible, to assess the value of such propaganda, but at least it is certain that it reached every ratepayer in the district.

Cancer of the Cervix. This type of cancer affects women, and involves the neck of the womb. Of recent years, a method has been evolved for the early detection of the condition before it reaches the cancerous stage. This depends on certain special facilities, not yet readily available.

To enable an early detection service to be provided in the County as soon as these facilities can be provided, the County Council in November, on the advice of the County Medical Officer, resolved to amend its proposals under the National Health Service Act, 1946, to include provision for this service. Although this proposal has now received the approval of the Ministry of Health, at the time of preparing this report it has not been possible to make a start on the provision of the service.

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TABLE I
TUBERCULOSIS

Age and Sex Distribution of Cases and Deaths - 1964

<u>Age Groups</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Pul.</u>		<u>Other</u>		<u>Pul.</u>		<u>Other</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 -	-	-	-	-	-	-	-	-
1 -	-	-	-	-	-	-	-	-
5 -	-	-	-	-	-	-	-	-
15 -	-	-	-	-	-	-	-	-
20 -	-	-	-	-	-	-	-	-
25 -	-	-	-	-	-	-	-	-
35 -	-	-	-	-	-	-	-	-
45 -	-	1	-	-	-	-	-	-
55 -	-	-	-	-	-	-	-	-
65 and over	-	-	-	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-

TABLE II
VITAL STATISTICS

<u>YEAR</u>	<u>POPULATION</u> <u>(Estimated)</u>	<u>BIRTHS</u>		<u>DEATHS</u>			
		<u>Number</u>	<u>Crude Rate</u>	<u>Under 1 year</u>		<u>All ages</u>	
				<u>Number</u>	<u>Rate</u>	<u>Number</u>	<u>Rate</u>
1960	7,180	83	11.56	1	12.05	96	13.37
1961	6,710	89	13.26	2	22.47	106	15.79
1962	6,870	98	14.26	2	20.40	112	16.30
1963	6,880	109	15.84	2	18.34	100	14.53
1964	6,960	94	13.505	-	-	89	12.787

TABLE III

Monthly Incidence of Notifiable Diseases (Other than Tuberculosis)
Jan. Feb. Mar. Apl. May June July Aug. Sept. Oct. Nov. Dec. Total

Whooping Cough	-	1	-	-	-	1	-	-	-	-	-	-	2
Measles	-	-	-	-	8	7	5	7	-	-	42	17	86
	-	1	-	-	8	8	5	7	-	-	42	17	88

APPENDIX

FACTORIES ACT, 1961

Prescribed Particulars on the Administration of
the Factories Act, 1961.

Part 1 of the Act

1 - INSPECTIONS for purposes of provisions as to health

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	10	19	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	26	24	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out- workers' Premises)	7	28	-	-
Total	43	71	-	-

2 - Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (Section 1)					
Overcrowding (Section 2)					
Unreasonable temperature (Section 3)					
Inadequate Ventilation (Section 4)					
Ineffective drainage of floors (Section 6)					
Sanitary Conveniences (Section 7)					
(a) Insufficient					
(b) Unsuitable or defective					
(c) Not separate for sexes					
Other offences against the Act (Not including offences relating to outwork)					
Total					

PART VIII of the Act

Outwork

(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc.	5	-	-	-	-	-

